



Secretary of State
Statement of Information
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550

19-700788

FILED

Secretary of State
State of California

FEB 25 2019

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) – \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

AIRBAHN INC

NP

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2. 7-Digit Secretary of State File Number

4120309

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 2 CORPORATE PARK SUITE 100	City (no abbreviations) IRVINE	State CA	Zip Code 92606
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ TARIQ	First Name	Middle Name M	Last Name CHAUDHARY	Suffix
Address 2 CORPORATE PARK SUITE 100			City (no abbreviations) IRVINE	State CA Zip Code 92606
b. Secretary LINDA	First Name	Middle Name	Last Name ROMBAUT	Suffix
Address 2 CORPORATE PARK SUITE 100			City (no abbreviations) IRVINE	State CA Zip Code 92606
c. Chief Financial Officer/ LINDA	First Name	Middle Name	Last Name ROMBAUT	Suffix
Address 2 CORPORATE PARK SUITE 100			City (no abbreviations) IRVINE	State CA Zip Code 92606

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name TARIQ	Middle Name M	Last Name CHAUDHARY	Suffix
Address 2 CORPORATE PARK SUITE 100		City (no abbreviations) IRVINE	State CA Zip Code 92606
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)	State CA Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
Corporation Service Company Which Will Do Business in California As CSC-Lawyers Incorporating Service

7. Type of Business

Describe the type of business or services of the Corporation
TRANSPORTATION

8. The Information contained herein, including in any attachments, is true and correct.

FEB 20 2019

LINDA ROMBAUT

SECRETARY

Signature

Date

Type or Print Name of Person Completing the Form

Title



**Attachment to
Statement of Information**
(California Stock and Agricultural
Cooperative Corporations)

**SI-550A
Attachment**

A. Corporation Name

AIRBAHN INC

B. 7-Digit Secretary of State File Number

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C. List of Additional Director(s) – If the corporation has more than one director, enter the additional directors' names and addresses.

5b. First Name UZMA	Middle Name	Last Name CHAUDHARY	Suffix
Address 2 CORPORATE PARK SUITE 100	City (no abbreviations) IRVINE	State CA	Zip Code 92606
5c. First Name LINDA	Middle Name	Last Name ROMBAUT	Suffix
Address 2 CORPORATE PARK SUITE 100	City (no abbreviations) IRVINE	State CA	Zip Code 92606
5d. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code
5e. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code
5f. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code
5g. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code
5h. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code
5i. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code
5j. First Name	Middle Name	Last Name	Suffix
Address	City (no abbreviations)	State	Zip Code